PROCESS RECEIPT AND RETURN

S. Department of Justice nited States Marshals Service	See "Instruc	<u>tions for Service of</u>	Process by U.S.	<u>Marshal'</u>
PLAINTIFF		COURT CASE NUM	BER	
aron Abadi		23cv4033		
DEFENDANT		TYPE OF PROCESS		
A Addition Committee of all		Summons & Complaint		
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERV	VE OR DESCRIPT	TON OF PROPERTY TO	D SEIZE OR COND	<u></u>
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 1400 RXR PLAZA WEST TOWER UNIONDALE, NY 1	11556			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to served with this Form			
Aaron Abadi		Number of parties to be		
82 Nassau Street	served in this case			
Apt. 140	Check for service on U.S.A.			
New York, NY 10038 SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING	SERVICE (Inches		te Addresses,	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN 1,331 ESTABLE AS			702 2002	\subseteq
All Telephone Munices, and Diministratives			တ 🚉	U.S. DK
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the Original requirement of the control of the cont	TELEPHON	E NUMBER	DATE 🖟	-1-
Signature of Attorney other Originator requesting service on behalf of:	- [\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(T) (T)
T. Arora DEFENDANT	1	_	9/5/2023	
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY -	DO NOT WR	TE BELOW THI	SLINE	
	of Authorized USM	IS Deputy or Clerk	Date	
l acknowledge receipt for the total mumber of process indicated. Total Process District of District to Signature of Origin Serve		1.1	_	
18790 only for USM 285 if more /57 No. 054 No. 063 KM	ukl			<u> 2023</u>
Thereby certify and return that I have personally served. have legal evidence of service. individual, company, corporation, etc., at the address shown above on the on the individual, company	have executed as y, corporation, etc.	shown in "Remarks", the shown at the address ins	e process described of serted below.	on the
Hereby certify and return that I am unable to locate the individual, company, corporation, etc. n	amed above (See re	emarks below)		
Name and title of individual served (if not shown above)	2 P-1	Date	Time	am am
Name and title of individual served (if not shown above) RYAN CHAB FSUN LIGAL DE	CI P	12/21/23	1:30	
		Signature of U.S. M	larshal or Deputy	
Address (complete only different than shown above)		la	- #3	151°j
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Costs shown on attached USMS.C	Tact Short >>			
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REMARKS			j <u></u>	and y and y
-Served in person -See cost sheet			- M	
- See cost Sheet			1	
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